STATE OF CALIFORNIA DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

STIPULATIONS WITH REQUEST FOR AWARI

REQUEST FOR AWARD	Case No(s)	Case No(s).		
	Social Security	v No		
Applicant (Employee)	Address			
Correct Name(s) of Employer(s)	Address(es)			
Correct Name(s) of Insurance Carrier(s) Claims Administrator(s)	Address(es)			
The parties hereto stipulate to the issuance of an Award abor Code Section 5313:	and/or Order, based upo	on the following facts, and waive	e the requirements of	
employee)	, born	, while employed at (date)		
	as a(n)			
(city) (state)	as a()	(occupation)	(group)	
on				
on(date[s] of injury(ies))				
by		whose compensation insurance	e carrier(s) was/were	
		sustained injury(ies) arising o	ut of and in the	
course of employment to	(parts of boo	dy injured)	······································	
2. The injury(ies) caused temporary disability for the p	period(s)	through	for which	
indemnity has been paid at \$ per we	eek. 2(a). The injury(ies)	caused additional temporary dis	sability for the period	
through at the	rate of \$	in the amount of \$		
3. The injury(ies) caused permanent disability of				
beginning				
previously made. And a life pension of	per week th	ereafter.		
Labor Code §4658(d) adjustment: Increase rate	to as of	Decrease rate to	as of	
Not applicable.				
An informal rating has/has not (select one) been previou	sly issued. DEU#			

Applicant/Employee:	WCAB No(s)
4. There \square is \square is not a need for medical treatment to cur	e or relieve from the effects of said injury(ies).
5. Medical-legal expenses and/or liens are payable by defendant	as follows:
3 1 1 , , ,	
6 Applicant's attorney requests a fee of \$	Fees to be commuted as follows:
7. Liens against compensation are payable as follows:	
8. Any accrued claims for Labor Code Section 5814 penalties	are included in this settlement unless expressly excluded
	are metaded in this section circuit diffess expressly excluded.
9. Other stipulations:	
Dated	Attorney or Authorized Representative for Defendant
	recorney or readistized Representative for Bellenative
Applicant	Address of Attorney or Authorized Representative
Attorney or Authorized Representative for Applicant	
Address of Attorney or Authorized Representative	
The state of the s	
Interpreter	

Applicant/Employee:	WCAB No(s)		
AW	'ARD		
AWARD IS MADE in favor of	against		
	of:		
(A) Additional temporary disability indemnity in accordar	nce with paragraph 2(a) above,		
(B) Permanent disability indemnity in accordance with pa	ragraph 3 above,		
Less the sum of \$, payable	ne sum of \$, payable to applicant's attorney as the reasonable value of services rendered.		
\Box Fees are to be commuted pursuant to Paragraph 6.			
(C) Liens in accordance with Paragraph 7 above,			
(D) Further medical treatment in accordance with Paragr	raph 4 above,		
(E) Reimbursement for medical-legal expenses in accorda	ance with Paragraph 5 above,		
(F) Stipulations in Paragraph 8 and 9 are approved.			
(G) The matter is ordered off calendar / set for status/lier	n conference.		
(H)			
· ,			
(Dated)	WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE WORKERS' COMPENSATION APPEALS BOARD		
On, this document 🗆 was			
personally served on all persons appearing at the hearing on said date, as set forth in the minutes of that hearing \(\sigma\) was	□NOTICE TO:		
personally served on	document on all parties shown on the Official Address Record,		
	together with a proof of service. You shall maintain this proof of service, which shall not be filed with the WCAB unless a		
	dispute arises regarding service. A copy of the current Official Address Record accompanies this notice.		
was served by mail on all persons listed on the Official Address Record was served by mail on following party or parties:	Address Record accompanies uns nocice.		
 Ву			